

CLAIMS

1. A surgical implant, comprising:

5           a device body having a head-end and a tail-end,  
and overall with a relatively narrow width, and a  
relatively taller height for insertion between adjacent  
upper and lower vertebrae;

          an indent in said tail end providing for a  
10       secure gripping of the device body with a tool during  
surgical implantation;

          a set of intersecting and symmetrical planar  
surfaces enveloping the device body and providing for  
simplified machining compared to compound radius  
15       surfacing;

          a taper between said head and tail ends  
comprising two opposing ones of said set of intersecting  
and symmetrical planar surfaces and providing for a  
relative front-back tilt between said adjacent upper and  
20       lower vertebrae; and

          a textured surface disposed on said two  
opposing ones of said set of intersecting and symmetrical  
planar surfaces.

25       2. The implant of claim 1, wherein:

          the device body is about 6-9 millimeters in  
width, 10-16 millimeters in height, and about 22  
millimeters long.

30       3. The implant of claim 1, wherein:

          the indent is a hole that fits and matches a  
corresponding tooth in said tool.

          4. The implant of claim 1, wherein:

35       the set of intersecting and symmetrical planar  
surfaces are configured to minimize manufacturing costs.

5. The implant of claim 1, wherein:

the taper is oriented posteriorly in a patient and provides for easier packing of cancellous bone grafts and around and between a pair of implants.

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6. The implant of claim 1, wherein:

the taper allows said tool to be used for an incision only large enough to accommodate the largest cross section of the device body.

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7. A method for surgically implanting a prosthetic in a human spine to promote bone fusion of two adjacent vertebrae, comprising:

a flap technique incision of an annulus  
15 fibrosis corresponding to an affected area of a spine;  
removing a diseased or deteriorated disc;  
inserting two surgical implants through the  
incisions in the annulus fibrosis; and  
packing bone grafts and between and lateral to  
20 said surgical implants;  
wherein, permanent bone growth and fusion  
between inferior and superior vertebrae then occur  
naturally after surgery.

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8. The method of claim 7, further comprising:

closing said incision in the annulus fibrosis  
after the step of packing bone grafts.